# Exhibit E

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON DIVISION

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| IN RE: ETHICON, INC., PELVIC REPAIR SYSTEM PRODUCTS LIABILITY LITIGATION | : | MASTER FILE NO. 2:12-MD-02327 |
| | : | NO. 2327 |
| THIS DOCUMENT RELATES TO: DIANNE M. BELLEW, | : | CASE NO. 2:13-CV-22473 |

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September 17, 2014

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Videotaped deposition of CHRISTINA K. PRAMUDJI, M.D., taken pursuant to notice, was held at the Westin Galleria, 5060 West Alabama, Street, Houston, Texas, beginning at 10:24 a.m., on the above date, before Mary Kay Hendricks, CSR, a Registered Professional Reporter, Certified Shorthand Reporter.

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A. No, I wouldn't say that I would hold myself out as a design expert.

Q. You do not hold yourself out as a regulatory expert, correct?

A. That's correct.

Q. You do not hold yourself out as having any expertise or knowledge regarding what FDA regulations require to be included in the warnings and information provided by a medical device manufacturer for a product like the Prolift, do you?

MR. SNELL: Form.

A. I know kind of what happened with Prolift, but I -- I would not say I'm an expert in that, no.

Q. (BY MR. SLATER) When you say you know what happened with Prolift, are you talking about the fact that it was withdrawn from the market?

A. No, no.

MR. SNELL: Form.

A. I'm talking about the -- the fact that they followed the pathway for approval rather than going for the 510(k).

Q. (BY MR. SLATER) I didn't ask about that though. You realize that wasn't my question, right?

A. That's how I interpreted your question.

Q. You're not familiar with the regulations from

the FDA that specify what type of information is supposed to be found in warnings for the products like the Prolift, correct?

MR. SNELL: Form.

A. No, I'm not.

Q. (BY MR. SLATER) You're not familiar with the internal standards at Ethicon that the medical affairs and regulatory affairs people followed in terms of what information needed to be in the IFU and the patient brochure and other documents about the Prolift, correct?

A. That's correct. I don't know that.

Q. In drawing (sic) your opinions, you did not rely on any internal standards or any deposition testimony by any Ethicon witness as to what information needed to be in the IFU, the patient brochure or any other document about the Prolift, correct?

MR. SNELL: Form.

A. I don't -- I don't believe I did, not that I can recall off the top of my head, no.

Q. (BY MR. SLATER) You do not know what the requirements were that Ethicon had to satisfy before they could market the Prolift, do you?

A. No, I don't.

Q. You do not know what was considered by the Ethicon medical affairs director at the time that she

signed off to allow the Prolift to be marketed, do you?

A. No, I don't.

Q. You do not know what information was available to the Ethicon medical affairs director at the time that she signed off to allow the Prolift to be marketed, do you?

A. No, I don't.

Q. You do not know what information -- well, do you know what a DDSA or an FMEA is?

A. No clue.

Q. You don't know anything about the design control process where the DDSA and FMEAs were conducted, do you?

A. No.

Q. You know nothing about the risk assessment process and the post-market surveillance process at Ethicon regarding the Prolift, correct?

MR. SNELL: Form.

A. I know that they track phone calls coming in from physicians and patients, et cetera, but beyond that I don't -- I don't have any other detailed knowledge.

Q. (BY MR. SLATER) You have no information as to what type of information was provided to Ethicon specifically regarding the Prolift once the Prolift went on the market, correct?

A. I know that physicians would call in and patients would call in, but I'm not sure what you're referring to beyond that.

Q. You know that Ethicon would receive information about the Prolift from doctors and patients and others, but you have no specifics about what that information was, correct?

A. I mean, I've seen a few things, but -- I mean, not -- I don't have the whole body of that, no. I don't -- that would be beyond what I'm doing here.

Q. Did you ask the attorneys who retained you to make sure you had any documents that demonstrated Ethicon's knowledge as to severe or catastrophic complications with the Prolift? Did you ask to see that so you'd have a full picture of what Ethicon knew about the most serious complications?

MR. SNELL: Form.

A. No, I did not.

Q. (BY MR. SLATER) Did you make any effort to learn that information?

A. No, I did not.

Q. In drawing your opinions, did you assume that if Ethicon knew about a severe complication with -- connected with the Prolift that it would have been reported to the FDA?

A. Can you repeat that question, please?

Q. Sure. Did you assume that if Ethicon had knowledge of a severe complication occurring with the Prolift that it would have been reported to the FDA?

A. I never -- I never really thought about it.

Q. You gave no consideration to whether or not Ethicon evaluated or reported complications or reports of complications with the Prolift, correct?

A. That's correct.

MR. SNELL: Form.

Q. (BY MR. SLATER) Is it fair to say your opinions are based upon your own clinical experience and knowledge and are not with regard in any way to what Ethicon knew or what Ethicon specifically did? Is that fair?

MR. SNELL: Form.

A. Can you repeat that question one more time, please?

MR. SLATER: Let the court reporter read it back just to get it the same way.

(The requested material was read by the reporter.)

A. I'm not sure how to answer that because I -- I mean, I have some information about that, but I don't have -- you know, that wasn't the main focus, but I do

information.

Q. (BY MR. SLATER) If you cited an article in your report, did you attempt to be -- I'm going to use the term "fair and balanced" in summarizing the data from the report -- from the study if you actually gave data from the study in your report?

A. Yes, I did.

Q. Did you feel that was your obligation as an expert to give both sides of the story to the extent both sides are told in an article?

A. Yes.

Q. If you failed to do so, that would be a failure in being objective, correct?

MR. SNELL: Form.

A. Yes.

Q. (BY MR. SLATER) In forming your opinions as to whether or not the warnings for the Prolift were adequate to communicate the risks and complications, you did not refer to or rely on any specific standard, correct?

A. I mean, I relied on general surgical principles and standards.

Q. Well, in determining whether or not the IFU for the Prolift adequately warned of the risks and complications, did you base your opinion on your own

judgment and your own evaluation based on your experience?

A. Yes.

Q. You did not rely on any particular standards, for example, an FDA regulation or any statement by anyone at Ethicon as to what they were supposed to communicate in those warnings, correct?

A. Correct.

MR. SNELL: Form.

Q. (BY MR. SLATER) You could not give me an objective standard that you applied. It was simply -- and then I could then apply your same standard. It's simply what you think is right or adequate based on your own experience, right?

MR. SNELL: Form.

A. Yeah. I would say that's correct.

Q. (BY MR. SLATER) Okay. If Ethicon knew of significant risks and complications with the Prolift from their own internal studies or from information they got from other physicians, would you agree they needed to warn of that information in the IFU?

A. No, not necessarily.

Q. Do you know if Ethicon internally thought that they needed to warn based on the standards that they say that -- rephrase. Do you know whether the standards